

CUSTOMER INITIAL AND FINAL EVALUATION OF QUARTERS INSPECTION

INSTRUCTIONS FOR COMPLETING AF FORM 3506

We need your assistance to help us improve our services. Please complete the information on the front of this form for initial evaluation of quarters inspection and return it to the Family Housing Management Office who will maintain it until the final inspection of your quarters is accomplished. After the final inspection, please complete the information on the reverse of the form and return it to the Family Housing Management Office.

1. QUARTERS INITIAL INSPECTION (Please check either "YES" or "NO")	YES	NO
A. WERE YOU TREATED COURTEOUSLY BY THE HOUSING MANAGEMENT PERSONNEL?		
B. WAS BUSINESS CONDUCTED IN A PROFESSIONAL MANNER?		
C. DID YOUR ACTUAL MOVE-IN DATE COINCIDE WITH THE DATE YOU WERE ORIGINALLY SCHEDULED FOR THIS SET OF QUARTERS?		
D. IF NOT, HOW MANY DAYS WAS THE ORIGINAL SCHEDULE OFF? _____ DAYS.		
E. DID YOU THINK YOUR QUARTERS WERE CLEAN UPON ASSIGNMENT?		
F. IF NOT, WHICH AREAS NEEDED ATTENTION. (Please give a brief description of each problem area below)		
G. WERE UTILITY CUTOFFS EXPLAINED TO YOU?		
H. WAS REFUSE COLLECTION, EXPLAINED TO YOU?		
I. WERE PROCEDURES FOR SELF-HELP MAINTENANCE REQUIREMENTS EXPLAINED TO YOU?		
J. WERE PROCEDURES FOR REPORTING MAINTENANCE REQUIREMENTS EXPLAINED TO YOU?		
K. DID THE HOUSING INSPECTOR/QAE ADEQUATELY EXPLAIN AND DEMONSTRATE THE OPERATION OF APPLIANCES (A/C, HEAT, DISHWASHER, ETC.)? (Please list appliances for which you did not receive operating instructions.)		
L. DID THE HOUSING REPRESENTATIVE BRIEF YOU ON YOUR RESPONSIBILITIES FOR EXTERIOR MAINTENANCE?		
M. WERE YOU SCHEDULED FOR A FIRE ORIENTATION BY THE HOUSING ASSISTANCE SECTION?		
N. WAS THE INSPECTOR/QAE ON TIME FOR YOUR INSPECTION?		
O. IF NOT, HOW LONG DID YOU WAIT? _____ MINUTES		
2. NAME OF HOUSING REPRESENTATIVE WHO ASSISTED YOU		
3. NAME OF CUSTOMER (Optional) (Last, First, Middle Initial)	4. DATE	
5. ADDRESS (Street, City, State, Zip Code)		
6. PLEASE SEND YOUR RESPONSE THROUGH BASE DISTRIBUTION OR MAIL TO _____ THANK YOU! IT HAS BEEN OUR PLEASURE TO WELCOME YOU TO _____ AFB.		

7. QUARTERS FINAL INSPECTION (Please check either "YES" or "NO")						YES	NO
A. WERE YOU TREATED COURTEOUSLY BY THE HOUSING MANAGEMENT PERSONNEL?							
B. WAS BUSINESS CONDUCTED IN A PROFESSIONAL MANNER?							
C. WAS THE INSPECTOR/QAE ON TIME FOR YOUR INSPECTION?							
D. IF NOT, HOW LONG DID YOU WAIT? _____ MINUTES							
E. DID YOUR QUARTERS PASS ON THE FIRST INSPECTION?							
F. IF NOT, HOW MANY INSPECTIONS WERE REQUIRED? _____ INSPECTIONS							
G. WERE ANY ITEMS INCLUDED IN THIS INSPECTION THAT WERE NOT INCLUDED IN THE PRETERMINATION INSPECTION? IF SO, LIST THE ITEMS BELOW							
H. DURING YOUR STAY IN BASE HOUSING, WERE MAINTENANCE REQUIREMENTS ACCOMPLISHED IN A TIMELY AND SATISFACTORY MANNER?							
I. DO YOU THINK CLEANING STANDARDS WERE (Please place an "X" in the appropriate box)		<input type="checkbox"/>	FAIR AND EQUITABLE	<input type="checkbox"/>	TOO STRINGENT	<input type="checkbox"/>	TOO LAX
J. WAS THE HOUSING BROCHURE BENEFICIAL?							
K. WAS THE HOUSING BROCHURE USED WHILE YOU OCCUPIED QUARTERS?							
L. IF NOT, WHAT CHANGES WOULD MAKE IT MORE BENEFICIAL? (Please explain below)							
M. AT THE TIME OF THE PRETERMINATION INSPECTION, DID THE INSPECTOR/QAE EXPLAIN THE CLEANING REQUIREMENTS IN DETAIL?							
8. NAME OF HOUSING REPRESENTATIVE WHO ASSISTED YOU							
9. REMARKS							
10. NAME OF CUSTOMER (Optional) (Last, First, Middle Initial)						11. DATE	
12. ADDRESS (Street, City, State, Zip Code)							
13. PLEASE SEND YOUR RESPONSE THROUGH BASE DISTRIBUTION OR MAIL TO _____						THANK YOU!	
WE WISH YOU A PLEASANT TRIP TO YOUR DESTINATION..							